## ANDOVER SCHOOL DISTRICT ANDOVER ELEMENTARY SCHOOL 35 SCHOOL ROAD, ANDOVER, CONNECTICUT 06232 (860) 742-7339 (860) 742-8288 FAX

The Andover School District Board of Education prohibits harassment and discrimination on the basis of race, color, religious creed, age, marital status, military or veteran status, national origin, sexual orientation, or past or present physical or mental disability in accordance with Titles VI, VII of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1973, Section 504 of the Rehabilitation Act 1973, the Americans Disabilities Act of 1991 and applicable state laws.

EMPLOYMENT APPLICATION (check applicable box)	ON: □ CERTIFIED TEACHER	□ NON-TEACHING POSITION		
Name:First				
First	Middle	Last		
Present Address:				
Stro	reet City	State Zip Code		
Home Phone No.:	Cell Phone No.:_			
Other phone number(s) where you	u can be reached:			
E-mail Address:				
Present Position:	ng:			
FOR CERTIFIED TEACHER PO	OSITION:			
Connecticut certification:	TYPE ENDORSEMENT(S)	EXPIRATION DATE		
	hold:			
List grades qualified to tea	nch: List subjects qual	ified to teach:		

# **STUDENT TEACHING EXPERIENCE** (*Complete Only For Teaching Positions*)

From Mo. /	ı: / Yr.	To: Mo.	/ Yr.	School	ool		Town/Cit	Town/City/State		Grade and/or Subjects		
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(Excl	lusive	of Stu	dent T		NT EXPERIE Experience) ( <u>C</u>				sitions)			
From		To:		-				Grade/	No. of		Yearl	
Mo.	/ Yr.	Mo.	/ Yr.	School		Town/Cit	y/State	Subject	Taugh	t	Salar	
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From Mo.	n: / Yr.	To:	/ Yr.	Firm. Ins	stitution, etc.		Nature of W	Nature of Work		No. of Months		
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Schoo	hool Name Location Nation should be		Natur	e of Courses	Degree	e/Dipioilia_	Gra	uuatet				
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Saha	lastic	honor	s:									
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### **REFERENCES**

(Give the names of those who have closely observed your work as a TEACHER, EMPLOYEE, or STUDENT)

NAME OF EMPLOYER (1	CONTRACT DEDCON ( 1	CONTACT'S
NAME OF EMPLOYER (please print)	CONTACT PERSON (please print)	PHONE NO.

### PERSONAL REFERENCES

NAME OF PERSONAL REFERENCE (please print)	PHONE NO.

For Office Use Only

### ALL OF THE FOLLOWING MUST BE COMPLETED PRIOR TO HIRING:

	Completed	Where	Date
Eingovaviating	□ Yes □ No		
Fingerprinting	☐ Yes ☐ No		
DCF Background Check	□ Yes □ No		
B			
Previous Employer Check	☐ Yes ☐ No		

#### **CRIMINAL HISTORY**

Prior to answering the following questions, please note:

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to sections 46b-146, 54-76o, or 54-142a of the Connecticut General Statutes. Criminal records subject to erasure pursuant to sections 46b-146, 54-76o, or 54-142a of the Connecticut General Statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolled, a criminal charge for which you have been found not guilty, or a conviction for which you have received an absolute pardon. Any person whose criminal records have been erased pursuant to sections 46b-146, 54-76o, or 54-142a of the Connecticut General Statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath. You are not required to disclose the existence of any conviction for which you have received a provisional pardon pursuant to section 54-130a of the Connecticut General Statutes.

Please	answer	the	foll	owing

1.	Have you ever been convicted of a cr	ime, either v	vithin or outside th	ne State of Connecticut	? If so,
	identify the approximate date, locatio	n, and natu	re of each such con	nviction on a separate s	sheet of
	paper and attach to this application.			•	
	(circle)	VFS	NO		

2. Are any criminal charges currently pending against you either within or outside the State of Connecticut? If so, identify the jurisdiction in which such charges are pending, the nature of the charges, and an explanation on a separate sheet of paper and attach to this application.

(circle) YES NO

3. Are you currently enrolled in a program of deferred adjudication (e.g., accelerated rehabilitation, pre-trial drug or alcohol education pursuant to Connecticut General Statute §54-56g)? If so, identify the jurisdiction in which such program is pending and an explanation of the nature of such program on a separate sheet of paper and attach to this application.

(circle) YES NO

Please attach additional sheets as necessary.

#### **VERIFICATION STATEMENT**

I hereby certify that the information in this Application for Employment is true, correct, and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my application for employment.

I understand that if I am employed by the Andover Board of Education I will be required to submit to a background check which will include state and national criminal history records checks, a Connecticut Department of Children and Families child abuse and neglect registry records check, and may include, but is not limited to, obtaining a consumer report. As part of any criminal history records check, I understand that I will be required to submit to fingerprinting, at my expense, within 30 days of my date of employment, for purposes of submitting my fingerprints to the Federal Bureau of Investigation. I further understand that I will be required to sign an Authorization and Release regarding the required information described above.

I understand and agree that if I have been convicted of a crime which has not been disclosed to the Andover Board of Education, the Board may immediately terminate my employment in accordance with the provisions of Connecticut General Statute § 10-221d. I further understand that any misrepresentation or omission of any fact whenever discovered, including after employment, in my application, resume, or any other materials, or during any interviews, may be the cause for my rejection from employment or may result in my subsequent termination if hired.

I also understand that if I accept a position with the Andover Board of Education, the statements on this application will become part of my permanent record.

Signature	Date	
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# BACKGROUND AND EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE

I,	hereby authorize any and all state or federal
agencies, law enforcement agencies, current and	former employers, credit agencies, and
academic institutions, to supply any information re-	egarding my background for employment
purposes to the Andover Board of Education, 35 Sc	hool Road, Andover, CT 06232, and to its
agents and employees, as a prospective employer.	
Any information acquired by the Andover Board of	Education under this authorization shall be
for their confidential use only, and shall not be con	mmunicated in any way to other agencies,
employers, academic institutions, or any other b	business or organization requesting such
information for any purpose. Furthermore, the A	ndover Board of Education shall use the
information acquired under this authorization solely	y to determine my fitness for the position
available or to verify credentials, claims, and/or other	information supplied by me.
I hereby release, to the extent permitted by law, any	y state or federal agency, law enforcement
agency, current or former employer, credit agency of	r academic institution, and their agents and
employees, from any liability arising from the supp	lying and use of any information provided
pursuant to this Authorization and Release.	
Signature	Date

Applicant, please return to: Superintendent of Schools Andover Elementary School 35 School Road Andover, CT 06232 860-742-7339